

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

## AUG 1 0 2000

Mr. Ng Kok Hwa General Manager Handsafe Products SDN BHD Lot 4209, Jalan Bakariah 84000 Muar, Johor Darul Takzim, MALAYSIA

Re: K000913

Trade Name: Powder Free Latex Patient Examination

Gloves With Protein Labeling Claim (50 micrograms or less)

Regulatory Class: I Product Code: LYY Dated: July 14, 2000 Received: July 19, 2000

Dear Mr. Ng Kok Hwa:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Falacea Cucente for Timothy A. Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices
Office of Device Evaluation
Center for Devices and

Center for Devices and Radiological Health

Enclosure



## HANDSAFE PRODUCTS SDN BHD (Co. No. 170797-X)

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## INDICATION FOR USE

Applicant :	HANDSAF	E PRODUC	TS SDN	BHD				. <b>.</b>
510 (k) Numbe	er (if known)	) :	Kood	913		· · · · · · · · · · · · · · · · · · ·		
Device Name <u>:</u>	Laters Patient I	Examination	Gloves,	POWDE	R-FREE CLOGRAHS O	WITH PE	REIN LABEU	WG CL
Indications For				•				
A medical glove contamination						nnel to pre	vent	
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(PLEASE DO 1	NOT WRITE	BELOW THI	S LINE –	CONTINU	JE ON ANO	THER PAC	E IF NEEDI	3D)
	Concur	rrence of CD	RH Offic	e of devic	e Evaluation	ı (ODE)		
Prescription U		<b></b> .	(	OR	(	Over-The-	Counter_ $\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	
Per 21 CFR 80	)1.109	•				(opti	onal Format 1-	-2-96)
			<u></u>	(2)22				

(Division Sign-Off)

F10(k) Number

Division of Dental, Infection Control, and General Hospital Devices